2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 14, 2006 08:00 AM DOCUMENT # P14170 Secretary of State 1. Emity Name SAFER FOUNDATION, INC. Principal Place of Business Mailing Address ATTN: STEPHEN GORNY 225 W WASHINGTON STE 1701 CHICAGO IL 60606 ATTN: STEPHEN GORNY 571 WEST JACKSON BLVD. CHICAGO IL 60661 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number City & State 36-2762168 Not Applicable Country \$8.75 Additional Zio Ζip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, type-dior pretted name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DHE ☐ Defete ☐ Change KANTER, ALAN NAME U00000467627 571 W. JACKSON STREET ADDRESS 03/23/06-80057-020 61.25 STREET ADDRESS CHICAGO IL 50551 GITY-51-202 CHY-ST-208 Delete Change Addition TITLE THILE WILLIANS, B D NAME NAME 571 W. JACKSON STREET ADDRESS STREET ADDRESS CHICAGO IL 60661 CUSY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TIRE GORNY, STEPHEN MAME NAME 571 W. JACKSON STREET ADDRESS STREET AUDRESS CITY - ST - ZIP CHICAGO IL 60661 City ST-ZIP ☐ Change Addition Delete 1)713 MILE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP THLE ☐ Delete SILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CKY-ST-ZIP CITY-ST-ZIP ☐ Delete HIF ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appears with all other like ampowered.

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